

**AFC LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- Please read the reverse side before completing this form.
- Please type or print CLEARLY so that the information completed can be read.
- Mail completed form to OCAL Central office.

SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number

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Licensee/Applicant Name	County	License Number (If assigned)
License/Application Type: Adult Foster Care		

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326A)

The Person Being Cleared Is:						
<input type="checkbox"/> Adult Member of Household (specify relationship to licensee):						
<input type="checkbox"/> Applicant/Co Applicant		<input type="checkbox"/> Licensee/Licensee Designee		<input type="checkbox"/> Administrator (Responsible Person in charge of daily operations)		
Name (Last, First, Middle Jr., II, etc.)			Sex	Birth Date	Social Security Number	
Marital Status		Also Known As (Aliases, Maiden Name, Previous Married Name(s))			Michigan Drivers License Number	
<input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV						
Address (Street Number and Name)				How Long Have You Lived In This State?	County?	Race
City	County	State	Zip Code	Phone Number	Height	Weight
<ul style="list-style-type: none">• I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.• I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.• I certify that the information I have given on the form is, to the best of my ability, true and correct.• The Department may perform this check at any time while I am licensed.						
Have You Ever Been Convicted Of A Crime, Felony Or Misdemeanor?						
<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain)						
Type, Location, and Date of Conviction(s)						
Signature Of Person To Be Cleared						Date

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

SECTION IV: CONVICTION CLEARANCE

Previous License?	Initials	Clearance Date	
<input type="checkbox"/> NO <input type="checkbox"/> YES			
License Number			

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There are two purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	